COVER PAGE - LONG FORM Recipient Committee Date Stamp CALIFORNIA **Campaign Statement** PORM(Government Code Sections 84200 - 84216.5) MAR 19 2004 Date of Election if applicable: A For Official Use Only Statement covers period HEGISTRAR OF VOTERS (Month, Day, Year) 02/15/2004 03/02/2004 **Bv** through $\frac{03}{12} \frac{2004}{2004}$ 1. Type of Recipient Committee: 2. Type of Statement: ■ Pre-election Statement ☐ Quarterly Statement ☑ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee ☐ Special Odd-Year Report O Primarily Formed □ Semi-annual Statement O State Candidate Election Committee O Controlled Termination Statement ☐ Supplemental Pre-election O Recall O Sponsored ☐ Amendment (Explain below) Statement - Attach Form 495 ☐ General Purpose Committee O Sponsored Primarily Formed Candidate O Small Contributor Committee Officeholder Committee O Political Party/Central Committee I.D. NUMBER Treasurer(s) 3. Committee Information 1243639 COMMITTEE NAME NAME OF TREASURER Barrett Garcia Bill Campbell for Supervisor STREET ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE **1** (714)348-1770 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY (714)283-5750STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE CITY AREA CODE/PHONE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on SIGNATURE OF TREASURER OR ASSISTANT TREASURER Executed on CEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

COVE	R PAGE -	PART 2
CALIFO FORM	RNIA 4	60
Page	2 of	9

NAME OF OFFICEHOLDER OF CANDIDATE	-	NAME OF BALLOT MEASUR	E		
Bill Campbell					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER I	FAPPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
County Supervisor, District 3, Ora	nge County				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP CODE	Identify the controlli	na officeholder, ca	andidate, or state measure p	1.
#104 Ones	<u> </u>	NAME OF OFFICEHOLDER,			roponent, ir any.
Related Committees Not Included in this State not included in this consolidated statement that are controll formed to receive contributions or to make expenditures on	ed by you or which are primarily	OFFICE SOUGHT OR HELD		DISTRI	ICT NO. IF ANY
OMMITTEE NAME	I.D. NUMBER	7. Primarily F	ormed Cor	nmittee	
IAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OF HELD	SUPPORT
•					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
STATE STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
OMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
					☐ OPPOSE
IAME OF TREASURER	CONTROLLED COMMITTEE?				
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					

Campaign Disclosure Statement Summary Page

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

		<u> </u>	1243639
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$100.00	\$4,250.00	General Elections
2. Loans Received Schedule B, Line 7	0.00	65,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$100.00	\$ 69,250.00	20. Contributions Received \$
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00	21. Expenditures Made
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$100.00	\$ 69,250.00	
Expenditures Made			Expenditure Limit Summary for State
6. Cash Payments Schedule E, Line 4	\$ 3,922.18	\$ <u>28,951.61</u>	Candidates
7. Loans Made	0.00	0.00	22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,922.18	\$ 28,951.61	
9. Accrued Expenses (Unpaid Bills)	0.00	600.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment Schedule C, Line 3	0,00	0.00	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$3,922.18	\$ 29,551.61	
Current Cash Statement		·	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 79,384.01		
13. Cash Receipts Column A, Line 3 above	100.00		
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00		
15. Cash Payments Column A, Line 8 above	3,922.18		
16. ENDING CASH BALANGEnes 12 + 13 + 14, then subtract Line 15	\$ 75,561.83		
If this is a Termination Statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00]	
Cash Equivalents and Outstanding Debts		1	
18. Cash Equivalents			
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$65,600.00		

Schedule B - Part 1							SCHEI	DULE B - Part I
Loans Received					Statement c	overs period	CALIFORN	
					from02	/15/2004	FORM	400
NAME OF FILER Bill Campbell		<u>-</u>			through 03	/12/2004	Page	5 of 9
NAME OF FILER Bill Campbell,	Bill Campbell for	Supervisor			·	<u> </u>	I.D. NUMBER	_ 01
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a)					1243639	ı
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Bill Campbell	Supervisor	12,000	1 271100	PAID	PERIOD	PERIOD	LOAN	TO DATE CALENDAR YEAR
7, 31, 7, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,				s_ 0	10,000			CALENDAR TEAH
	Orange County			FORGIVEN	\$10,000	% 0.000 RATE	\$ 10,000	\$0
M IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ <u>10,000</u>	\$0	so	12/31/2004	s 0	03/15/2002	PER ELECTION
Bill Campbell (Continued)		 		 	DATE DUE	<u> </u>	DATE INCURRED	\$30,000 P0
		İ		PAID	1			CALENDAR YEAR
		İ	1	\$0	\$ 35,000	% 0.000 RATE	\$ <u>35,000</u>	\$0
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		s35,000	s	FORGIVEN		1.65%		PER ELECTION
Bill Campbell (Continued)			*	\$0	DATE DUE	\$0	02/27/2003 DATE INCURRED	\$30,000 P04
(Continued)				PAID				CALENDAR YEAR
				\$ <u> </u>	\$ 20,000	<u>% 0.000</u>	<u>\$20,0</u> 00	s 0
				FORGIVEN		RATE		PER ELECTION
□ IND □ COM □ OTH □ PTY □ SCC		\$20,000	\$0	\$0	12/31/2004 DATE DUE	\$0	06/26/2003 DATE INCURRED	\$ <u>30,000</u> P04
	SI	UBTOTAL \$	0.00		<u></u>		DATE INCORRED	
Schedule B Summary		====	0.00	0.00	\$ 65,000.00	0.00		
1. Loans received this period				•	0.00			
(Total Column (b) plus initemized to	oans less than \$100.)	*************************************	***************	🌣 _	0.00	 -		
2 Loope maid automatical des								
2. Loans paid or forgiven this period (Total Column (c) plus loans under	6400			\$ _	0.00			
(rotal column (c) plus loans under	TOU baid or forgiven)							
(Include loans paid by a third party	ilial are also itemized on S	ichedule A.)						
3. Net change this period. (Subtract Li	ine 2 from Line 1.)			NET 6	0,00			
Enter the net here and on the Sumr	nary Page, Column A, Line	2	***************************************	IAC 1 9	0.00			

Payments Made				Statement of	covers period	CALIE	SCHEDULE ORNIA
,				from02	2/15/2004	FORM	46U
NAME OF FILER Bill Compbell Dill Comp				through 03	/12/2004	Page_	
NAME OF FILER Bill Campbell, Bill Campbe	ell for Sup	ervisor		<u> </u>		I.D. NUM	/ IBER
00050				_		1243	3639
CODES: If one of the following codes accurately desc	cribes the payme	ent, you may enter the o	ode. Otherwis	se describe ti	20 navmont	131	,033
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MTG meetings OFC office exp PET petition ci PHO phone ba POL polling an POS postage.	communications and appearances enses rculating		RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and i returned contributi campaign workers t.v. or cable airtim candidate travel, is staff/spouse travel transfer between c	ions salaries and produ odging and i lodging an committees	oction costs meals (explain) Id meals (explain) of the same candidate/s
NAME AND ADDRESS OF PAYEE OR CREDITOR				WEB	information techno	logy costs (internet, e-mail)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	<u> </u>						
American Express	OF		DESCRIPTION	N OF PAYMENT			AMOUNT PAID
Cal-YAF PAC		CTB					2,000.00
	OF						100.00
Schedule E Summary					SUBTOTA	AL \$	2,267.19
1. Payments made this period of \$100 or more. (Incl.	ude all Schedu	le E subtotals.)	••••••	***************************************	************************	\$	3,792.69
							129.49
 Total interest paid this period on outstanding loans Total payments made this period. (Add Lines 1, 2, 	> (⊏nter amou	nt trom Schedule B, F	art 2, Column	ı(d).)		\$_	0.00
Parisas (100 Elijos 1, 2,	and a. Enter h	ere and on the Summ	iary Page, Co	lumn A, Line	6.) TOTA	L \$	3,922.18

Schedule E (Continuation Sheet) Payments Made

NAME OF FILER

Statement covers period

<u>02/</u>15/2004

CALIFORNIA FORM

SCHEDULE E (CONT.)

through 03/12/2004

I.D. NUMBER

1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Bill Campbell for Supervisor

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* IND legal defense LEG

Bill Campbell,

LIT campaign literature and mailings MBR member communications MTG meetings and appearances RFD returned contributions OFC office expenses

PET petition circulating phone banks POL polling and survey research POS postage, delivery and messenger services

PRO professional services (legal, accounting)

RAD radio airtime and production costs

SAL campaign workers salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain) TRS staff/spouse travel, lodging and meals (explain)

transfer between committees of the same candidate/sponsor

Voter registration

NAME AND ADDRESS OF PAYEE OR CREDITOR	PRT print ads		WEB Information tec	chnology costs (internet, e-mail)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DEDOGRAFION OF THE STATE OF THE	
FHS PTO Grad Nite	CVC	On On	DESCRIPTION OF PAYMENT	AMOUNT PAID
				100.0
Barrett Garcia	PRO			
dan oudir captoctano, cri spors	I NO			537.56
oyce Campaign Committee		СТВ		250.00
D# C00200865				230.00
ustin Chamber of Commerce	CVC			
				138.00

Schedule E				i			SC	HEDULE E (CONT.))
(Continuation Sheet) Payments Made						2/15/2004	CALII FOR	ORNIA 460	
NAME OF FILER Bill Campbell, Bill Campbe	ell for	Supervi	isor		through 03	3/12/2004	Page_	8 of 9	
CODES: If one of the following codes account to							Į.	3639	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR mer MTG mee OFC offic PET petit PHO pho POL polli POS post	mber communitings and appearance expenses tion circulation banks ing and surviveressional series	unications ppearances ng	e. Otherwise	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and preturned contributicampaign workers t.v. or cable airtime candidate travel, ke staff/spouse travel transfer between of	ions s salaries e and prod odging and l, lodging a committees	uction costs I meals (explain) nd meals (explain) of the same candidate/sp	onsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER								,,	
Tustin Public Schools Foundation	 -	CVC	OR	DESCRIPTION	OF PAYMENT			AMOUNT PAID	
								500.00	

SC		

Oak adul - E	-	SCHEDUL				
Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 02/15/2004	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through03/12/2004	Page 9 of 9			
Bill Campbell, Bill Campbell for Supervisor			1.D. NUMBER / 2 4 3 6 3 9			
CODES: If one of the following codes accurately descrement of the following codes accurately descrement of the following codes accurately descrement of the following codes accurately descrement of the following campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging,	costs uction costs t meals and meals of the same candidate/sponsor			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	600.00	0 :	0	\$ 600.00
Lea Petersen	FND	600.00	0	0	600.00
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

Schedule F Summary

 Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	O TOTALS \$0
 Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) 	
Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	